



City of Leominster Police Department



29 Church Street
Leominster, MA 01453
Business 978-534-7557
Fax 978-537-4461

PERSONAL MASSACHUSETTS CRIMINAL RECORD REQUEST FORM

If you would like a copy of your own Massachusetts Criminal Record, complete this form, signing it in front of a Notary Public, and mail it, *along with a check or money order made payable to the commonwealth of Massachusetts in the amount of \$25.00 pursuant to MGL 6, Section 172A*, and a self-addressed stamped envelope to this agency. Walk-in service is not available. If you are incarcerated and a notary public is not available, have an official of the correctional facility endorse same. This agency's mailing address is: Criminal History Systems Board, 200 Arlington Street, Suite 2200, Chelsea, MA 02150 ATTN: CORI Unit

Please be advised that it is unlawful to request or require a person to provide a copy of his criminal offender record information, except as authorized by the Criminal History Systems Board, as per MGL 6, Section 172.

Last Name First Name Middle Name

Maiden Name Alias

DOB (MM/DD/YY) SSN

Mailing Address City/Town State Zip Code

I hereby swear, under the pains and penalties of perjury, that the information I have provided above is true and to the best of my knowledge and belief.

Signature of requestor Date

AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC OR CORRECTIONAL FACILITY

_____, SS.

The above named _____, appeared before me, the undersigned authority, this _____ day of _____, 200__ and acknowledge the foregoing signature to be made of his or her own true free act and deed.

Notary Public

Correctional Facility Officer (Rank and Title)

My Commission Expires

Correction Facility Address and Phone